| Revision:  | JUNE 1995                    | (HSQB)             |                     | Attachment 4.35-C      |
|--|------------------------------|--------------------|---------------------|------------------------|
|  | STATE PLAN                   | UNDER TITLE XIX    | OF THE SOCIAL SECUR | RITY ACT               |
|  | Stat                         | e/Territory:       | _DELAWARE           | _                      |
|  | ELIC                         | GIBILITY CONDITION | NS AND REQUIREMENTS | <b>:</b>               |
|  | Enforcem                     | ent of Compliance  | for Nursing Facil   | ities                  |
|  | Management: Date the remedy. | escribe the crite  | eria (as required a | t \$1919(h)(2)(A)) for |
| X Specif   | fied Remedy                  |                    | Alternative R       | emedy                  |
| (Will use the criteria and notice requirements specified in the regulation.) |                              |                    | non-compliance.     |                        |
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Approval Date: DEC - 7 1995

Effective Date: 7/1/95

TN No. <u>SP-360</u>
Supersedes App.
TN No. <u>new page</u>